

# Warren County Library

## Volunteer Application

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date (if under 18): \_\_\_\_\_

Are you a member of the Warren County Library? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, notify:

Name for Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Name for Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this volunteer work a requirement of another institution or agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, specify the agency and contact person: \_\_\_\_\_

### Volunteer & Employment History

Employer/Organization, Address, Phone #	Dates of Employment	Describe Duties	Name of Supervisor

### Location Preference

Please indicate location at which you would like to volunteer.

\_\_\_\_\_ Catherine Dickson Hofman Branch

\_\_\_\_\_ Richard D. Gardner Branch

\_\_\_\_\_ Southwest Branch

\_\_\_\_\_ Northeast Branch

## Volunteer Interests

Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_

I would be interested in assisting with: \_\_\_\_\_  
\_\_\_\_\_

Please list any special skills or interests you have (i.e., language abilities, computer qualifications, hobbies). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and hours you are available to volunteer:

Monday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

## Reference Information

Please list two people outside of your family. List name, address, and phone number.

1. \_\_\_\_\_
2. \_\_\_\_\_

I certify the information provided on this application is true and complete to the best of my knowledge. I understand false or misleading statements shall be sufficient cause for my volunteer activities to be discontinued by the Warren County Library. I authorize the Warren County Library to make any investigation deemed necessary for volunteer consideration. I understand applicants 18 years of age or older may be required to undergo a successful criminal background check prior to placement. I understand I am not guaranteed an interview or volunteer position with the Warren County Library.

Print Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application along with a copy of your driver's license or other government-issued ID (if 18 years of age or older) to any of the branches of the Warren County Library.**

*If under the age of 18, a parent/guardian must also sign this application.*

I give my permission for my child to volunteer for a maximum of \_\_\_\_\_ hours per week at the Warren County Library.

Print Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_